

HAWAII ASSOCIATION FOR ASIAN AND PACIFIC PEOPLES

June 3, 1974

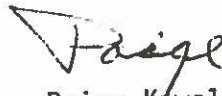
Dear Conferee,

Aloha and welcome to the upcoming HAAPP conference on June 14 and 15. Since our invitational letter, you have probably thought of more questions than gotten answers. For instance, you might be wondering "who is HAAPP?", "what do we stand for?", "what is the conference all about?", and more. The attached materials will try to answer some of these questions. In addition, we are including some information for you to consider before attending. Please look it over and bring your questions with you.

We will be providing more detailed information at the conference. There is no special preparation required. Just bring yourself and your own experiences. We only ask that you share them with us and others from Oahu and the Neighbor Islands.

If you have any immediate questions, please contact George Osakoda at 521-3861. Otherwise, see you on the 14th.

Mahalo,



Paige Kawelo Barber
Chairperson, HAAPP

HAWAII ASSOCIATION FOR ASIAN AND PACIFIC PEOPLES

BACKGROUND

The Hawaii Association for Asian and Pacific Peoples (HAAPP) is a statewide organization which is in a continuous process of determining its own identity, which means, at this point, that it has an overall purpose but cannot be defined as dealing with a single issue such as land, housing, civil rights, etc. The common bond is a concern for the cultural and ethnic heritage of all peoples of Asian and Pacific ancestry. In this respect, any specific issue or "problem" concerning Asian or Pacific people may be part of what HAAPP is all about.

Some of HAAPP's past actions reflect this position. For example, in October of 1972, HAAPP sought scholarships for Hawaiians and Filipinos to enter the School of Medicine at the University of Hawaii. In February, 1973, it endorsed the continuation of the Ethnic Studies Program. It is continually seeking to endorse Asian and Pacific representation in various government agencies such as HEW, OEO, and the Civil Rights Commission. These are part of what HAAPP has been concerned about. With the assistance of the Asian and Pacific peoples of Hawaii, it hopes to continue to lend a voice to the continuing struggles within these island communities.

HAAPP's present concern, and the reason for the upcoming conference on June 14 and 15, is the question of "mental health" and ethnicity. This is a difficult area to discuss in a few words and HAAPP's point of view on the matter is different. More on this later. First, more information about HAAPP.

HAAPP's Existence

As an organization, HAAPP formed its roots around February of 1972 when eighteen delegates were selected from Hawaii as representatives to the first National Conference on Asian American Mental Health. This conference was held in San Francisco during April, 1972, and the delegation included those of Japanese, Chinese, Korean, Filipino, Hawaiian, and Samoan ancestry.

Of the many recommendations which emerged from that conference, one specifically called for the establishment of a National Asian American Mental Health Coalition to deal with the mental health problems and needs of the Asian American communities across the country. At that point, since it was recognized that peoples of the Pacific (Hawaiian, Samoan, Guamanian) could not relate to other significant minority groups, the Asian American umbrella was stretched to include these groups.

Following the conference, HAAPP was formally organized in Hawaii, initially to serve as the local planning and coordinating body for the Asian American Mental Health Coalition. Since then, HAAPP has broadened its concern beyond "mental health".

When compared to some organizations in Hawaii, HAAPP is relatively new and not well-known. It has not made headlines and does not have a broad organizational base. In coming years it hopes to increase its communication with other groups and with the larger community.

Purpose and Goals

HAAPP's purpose may be tentatively stated as follows:

To assist organizations and community groups, as well as individuals, in the development of affirmative cultural identity amongst Asian and Pacific peoples in their pursuit of dignity, equality, and social justice.

The following goals have been established in pursuing this purpose.

1. Encourage the development and continuance of programs which place an emphasis on the cultural and ethnic heritage of Asian and Pacific peoples.
2. Advocating equal opportunity in public and private institutions.
3. Developing positions related to ethnic and social problems in Hawaii.
4. Providing consultation and technical assistance to individuals and groups involved in common struggles.

These thoughts reflect where HAAPP is at today. It is still growing. It needs the kokua of Hawaii's Asian and Pacific peoples to shape its direction for the future. (Membership is open on a "pay as you are able" basis).

THE CONFERENCE

The conference to be held on June 14 and 15, 1974, is a result of HAAPP's affiliation with the Asian American Mental Health Coalition. It is the first part of a three year demonstration program during which the following major tasks are to be completed.

1. Identify the mental health problems and needs of Asian and Pacific peoples in Hawaii.
2. Establish problem priorities.
3. Develop objectives and the strategies to attain them.
4. Conduct community education programs.
5. Implement action programs.

The first year will concentrate on stages #1 and #2. The second year (beginning in late summer of 1974 to mid-1975) will address #3 and #4. Stage #5 will be launched in the third year.

The conference is intended to address #1 and #2 since HAAPP is completing the first year of the project. Does this mean that people are to come to the conference to talk about their mental health problems? No. It is true that most of the people invited are "grass-roots" and represent all Asian/Pacific ethnic extractions from the islands of Hawaii. It is also true that the project is funded by the National Institute of Mental Health. HAAPP's position, however, is that talking about mental health problems is not enough. The causes of mental health problems should first be discussed. Therefore, the conference will be conducted under the following premise.

"That many of the mental health needs and problems of Asian Americans and Pacific Peoples have their roots in the structure and institutions of our society."

Each of the ethnic groups in Hawaii have experienced unique stress in coping with the dominant institutions. The conference is intended to talk about these problems as the people have experienced them. By relating ethnicity and its values to institutions, a clearer definition of the "problem" becomes possible; one which includes the people's point of view, not only that of the institution.

To keep things manageable, five topics have been chosen:

1. Health
2. Welfare
3. Crime and Delinquency
4. Housing
5. Education

For each area, HAAPP has conducted research which defines the problems from the institution's point of view. (Summaries are attached and detailed reports will be distributed at the conference). The conference will address each of the areas from the people's point of view as reflected by their life experiences.

Underlying Assumptions

There are several points to consider in understanding the purpose of the conference.

1. The conference will not be primarily concerned with problems of psychopathologies and other symptomatic manifestations of mental illness of Asian and Pacific peoples. This means the conference will not be concerned with how crazy each ethnic group is or isn't. In itself, this may be dangerous since it isn't clear whose standards for "normal" mental health are. Even mental health may have an institutional bias.

2. Institutions and ethnic groups may contain inherent conflicts or congruence. That is, certain ethnic groups and institutions just don't fit each other for a number of reasons including the following:
 - a. The institutions in our society are products of a specific socio-economic system. They contain values based on a "that's the way it is" logic. These values, in turn, determine the rules and standards for participation and reward.
 - b. Though the "melting pot" may work to a degree, Asian and Pacific ethnic groups acquire distinct value and behavioral attributes independently of the institutions. These constitute reality in day-to-day existence.
3. Ethnic isolation does not occur because of the inability of certain ethnic groups to comprehend the physical universe. Rocks are hard. Rules governing participation, conflicting values, and hoarding of resources prevent access to humane existence.
4. How the problem is defined determines the solution selected. The problem of "optimally utilizing scarce land resources" may mean building high-rise apartments while lack of adequate, low-cost homes and garden vegetables may mean single dwellings on spacious lots.
5. There has been an over-emphasis on "blaming the victim". People, not institutions, are the ones to adapt. Non-conformers present "special problems" requiring "remedial, rehabilitative" action. The inherent operation and values of institutions are rarely questioned. Still, the failure rates remain high.

All of which means that there is a lack of information about how people of Asian and Pacific origin see the problems. The purpose of the conference is to begin to identify and share common and unique experiences; to define the problems and establish priorities which in turn may be shared with others. The following section highlights

the research in five areas as institutions see them. Please read this material and bring your life experiences and observations (what happened to me, my family, my friends) to the conference.

See you on June 14th.

RESEARCH SUMMARIES

EDUCATION

The response of the participants to the educational processes - students, teachers, parents, and administrators - which have been established according to the needs of the dominant culture can be best understood when the explanations sought are based on the socio-cultural characteristics of the participants. These characteristics are embodied in the concept of ethnicity when they differentiate one group of people from another. Ethnicity research should be encouraged when existing institutions are suspect of servicing similar needs of different groups differentially. The differential impact of education has resulted in the isolation of the disadvantaged ethnic groups. This study aims to present hard evidence on the existence of ethnic isolation in education and on the need to conduct ethnicity research to identify and solve problems of the disadvantaged ethnic groups.

1. Filipinos and Hawaiians are consistently under-represented in higher education (university level) compared to the Japanese, Caucasians and Chinese. Compared to their State population breakdown, the Filipinos and Hawaiians are under-represented by 6% and 14% respectively.

2. The depressed attainment level of the Filipinos and Hawaiians are also reflected in secondary education figures. Only slightly more than one-third of the Filipinos and one-half of the Hawaiians in the State who are old enough to have completed four-year college have completed high school while slightly less than two-thirds of the Japanese, Chinese and Caucasians in the State have completed high school.

3. In 1970, only 2.1%, 4.0%, 1.3% and 0.1% of the graduating seniors in the University of Hawaii are Filipinos, Hawaiians, Koreans, and Samoans, compared to 46.3% Japanese, 24.8% Caucasians, and 12.1% Chinese.

4. The achievement levels of the Filipino and Hawaiian school children are also depressed. The average Filipino and Hawaiian populations in schools with high achievement scores were 9.1% and 7.2%, respectively. On the other hand, the average Filipino and Hawaiian population in schools with low achievement scores were 20.7% and 16.2%, respectively. Of the 20 elementary schools with 20% or more Hawaiians, 18 were low-achievement schools; while of the 48 schools with 20% or more Filipinos, 40 were low-achievement schools. Filipinos and Hawaiians tend to be over-represented in low-achievement schools and under-represented in high-achievement schools.

5. Filipinos and Hawaiians are isolated in schools with less than ideal learning conditions such as high teacher turnover rates, and high suspension and absenteeism rates. They are isolated from schools with better than average learning conditions such as high teacher salary, experience, and professional attainment.

6. Filipino and Hawaiian school children have very few authority models they can identify with in schools. The probability of cultural miscommunication which impedes the enhancement of the educational potentials is greater for the Filipinos, Hawaiians, and Samoans. In a sample of in-service teachers in 1972, 54% were Japanese, 22% were Caucasians, 11% were Chinese, 2% were Koreans, and 2% were Blacks; while only 2% were Filipinos and 6% were Hawaiians. A similar breakdown exists among a sample of University of Hawaii student teachers in 1972.

7. Higher education compensatory education programs are not comprehensive. They tend to exclude the high-risk students who need the most remediation and help and they are not accessible to many who have not heard of the programs or who have not gone to any other social agency to be referred to the programs.

8. Only 6.1% of the objectives relating to school alienation in general and school attendance in particular have been met by the compensatory education programs in the elementary and high schools. These programs are not comprehensive in the sense that they are not equitably distributed among schools where there are large Filipino and Hawaiian enrollments. In all of the school districts with the exception of Honolulu, of the schools with 15% or more Filipinos, there were more schools without (44) than schools with (38) one or more Title I projects in operation in 1971-72. Of the schools with 15% or more Hawaiians in the Maui, Hawaii and Kauai school districts, there were 38 schools with Title I projects, but still 10 schools without.

9. Ethnic isolation in education is further aggravated by the lack of ethnicity research regarding the application, admission, retention, withdrawal, achievement, completion, and placement of the ethnically disadvantaged. The University of Hawaii, the Department of Education and other agencies have unanimously endorsed a policy of discouraging ethnicity research in these areas. School alienation symptoms such as absenteeism, suspension, and drop-outs have not been investigated in terms of the social and cultural characteristics of the students. For the Hawaiians, there exists only tentative explanations behind their isolation in education. For the Filipinos, Samoans and Koreans, very little is known in this regard. For the Filipinos, there is a tendency toward a passive approach by the unsubstantiated assumption that with time, without special intervention, they will attain educational achievements which will compare favorably with the more fortunate groups in Hawaii.

HEALTH

Thirteen health areas have been identified for discussion. They are as follows:

1. Infant Mortality

1971 Health Statistics claim that the infant death rate for all races in Hawaii is 16.0 per thousand live births. The most significant revelation here is that the rate of unfair deaths for pure Hawaiians, in comparison, is 68.2, with two-thirds of these deaths (45.5) occurring within one day of birth. Caucasian (18.8), Chinese (18.8), Puerto Rican (30.0) are above the mean while part-Hawaiian (14.3), Filipino (16.0), Japanese (11.2), Korean (13.3), Samoan (12.3), and Negro (9.5) are below or on the mean. The infant death rate of pure Hawaiians is seen as significant since this group comprises less than 1% of the entire population.

2. Deaths

In 1971 there were 188 pure Hawaiians, deaths which comprised 4.1% of the total 4,304 civilian deaths, in the state. Meanwhile, Hawaiians represent less than 1% of the state's population. Filipinos, Chinese and Japanese also died at higher rates than their place in the population. As to the causes of death, the Filipinos seem to have been afflicted with heart disease at a slightly higher rate than their population mean, while the Japanese with 34% of cancer deaths are above the average level.

3. Suicides

Suicide, both in commission and technique, seems to be largely cultural. It is a road taken mainly by Japanese and Caucasians. In 1967, of the sixty-two suicides in Hawaii, three-quarters were Japanese and Caucasian; 26 Japanese, 20 Caucasians, 8 Part-Hawaiians, 5 Filipinos, 3 Puerto Ricans, 1 Korean and 1 Hawaiian. Five years later, in 1972, the figures read: 26 Japanese, 32 Caucasians, 3 Part-Hawaiians, 2 Chinese, 8 Filipinos, 2 Blacks, 1 Hawaiian and 1 Puerto Rican.

4. Venereal Disease

Physicians confronting the current venereal disease epidemic in Hawaii consider it to be mainly a haole disease. However, they also note a rising trend amongst the Oriental population.

From January to July 1973, 455 male and female patients were examined at Kapahulu VD Clinic in Honolulu: 65% were Caucasian; 10% Oriental; 12% Hawaiian and 5% Filipino. The Caucasians are one-third above their population average, while the Orientals are less than a third of their average and Hawaiians and Filipinos remain beneath their population levels also. Caucasians are also among the most frequent repeaters at the clinic; 61% of males repeating VD and 85% of repeating females were Caucasian.

5. Abortions

In the case of hospital abortions, the figures seem to reflect the population almost perfectly. Caucasians are slightly higher (41.2%); Hawaiians right at their population figure (0.9%); Part-Hawaiians about one-third lower (12.2%); Chinese around their mean (4.9%); Filipinos at their population level (9.6%) and Japanese are slightly lower (23.4%).

As to the legitimacy or illegitimacy of the aborted fetus, most Caucasian abortions are of illegitimate babies (by a 5:3 ratio); most Hawaiians are legitimate (by 19:16); most Part-Hawaiians are illegitimate (by 3:2); Filipinos, Koreans and Samoans are 1:1 and Japanese 5:3 illegitimate.

6. Diabetes

From July 1, 1970 to July 1, 1971, there were 228 new diabetics in Hawaii. The rate for all races was 13.0 per thousand people. It would appear from the data that Asian-Americans are more prone to diabetes than other groups: Japanese had a 15.8 mark; Filipinos 17.9 and Koreans 28.3. What is particularly significant among the Korean rate was the figure for males, 43.5, far above any other group.

7. Tuberculosis

In Hawaii, the statistics indicate that some ethnic groups have been stricken by TB with exceptional severity. Of 328 newly reported cases of active tuberculosis in Hawaii, in 1971, 137, or well over a third were Filipinos; the Chinese with 31 cases exceeded the much more numerous Caucasians, while the Korean community counted 24 new cases, or almost as many as the Caucasians (26). In 1969, there were 307 new TB cases. Over one-third of these cases were Filipinos (127), while the Japanese rate (68) was almost triple that of the haoles.

8. Hospital Utilization

Recent data on Hawaii State Hospital in-patients surveys the ethnicity of patients from January 1, 1973 to December 31, 1973, in terms of admissions to the various hospitals. Hawaiians accounted for 0.5%; Chinese 2.3%; Filipinos 3.5%; Japanese 11.1%; Part-Hawaiians 13.7%. These figures demonstrate that Asian-American and Pacific peoples in Hawaii are grossly under-utilizing existing hospital facilities. Every major ethnic group here is well below its population norm: the Chinese are less than one-half; the Japanese only a third; the Hawaiians are two-thirds; the Filipinos are less than a half. The in-patient rates for the other hospitals (i.e., General, County, etc.) bear out this analysis. Hawaiians account for 0.6% here; Chinese 0.6%; Filipinos 5.4%; Japanese 9.6%; and Part-Hawaiians 9.9%. In comparison, Hawaii State Hospital in-patients of Caucasian race are 52.0% of all patients, while other hospital in-patients of Caucasian race are 46.6%.

9. Mental Health Clinic Patterns

The pattern established in the ethnicity of Hawaii State Hospital and other hospital in-patients is repeated within the figures of Mental Health Clinic ethnicity,. Admissions from January 1, 1973 to December 31, 1973: Hawaiians 0.7%; Chinese 1.8%; Filipinos 7.6%; Japanese 11.8%; Part-Hawaiians 15.6%. Hawaiians are slightly under their population level and Part-Hawaiians about a fifth off, but the Chinese, Japanese and Filipinos are under-represented in a very definite way.

10. Drug Abuse

In searching for links between drug abuse and ethnicity, statistics on the admission of different individuals to the Hawaii State Hospital System with a drug abuse diagnosis is enlightening. The time period is December 1, 1972 to October 31, 1973. One-half of all admissions were Caucasians; 0.5% were Hawaiians; 3.2% Chinese; 3.2% Filipinos; 8.2% Japanese; 14.8% Part-Hawaiians.

As expected, most of the drug abuse patients are quite young. Three-quarters of the Japanese are between twenty and thirty years of age; 83% of the Chinese range from 25-34 years of age. All the Filipinos are below 25. On the other hand, the Hawaiians have the largest age spread of the locals 15-44.

11. Alcoholism

Figures relating to the treatment of people at the Hawaii State Hospital System for alcoholism also reveal a startling preponderance of Caucasian patients. Of all alcoholism admissions from December 1, 1972 to October 31, 1973, Caucasians accounted for 62.2%; Hawaiians for 0.7%; Chinese 1.3%; Filipinos 4.5%; Japanese 3.4% and Part-Hawaiians 9.4%.

12. Nutrition

In 1962, the Hawaii Cardiovascular Study examined heart disease risk factors in Hawaiian and Japanese men who had already suffered heart attacks. The researchers found definite dietary differences which might explain the higher rate of coronary disease in the Hawaiians. The Hawaiians had occasions in which they ate and drank alcohol heavily and maintained a generally irregular pattern of eating. The Hawaiian diet also included high saturated fat intakes.

In 1968, University of Hawaii Professor Myrtle Brown conducted a study of the diets of 281 low and middle-income families in Honolulu. The low-income children more frequently had low intakes of calcium, ascorbic acid and Vitamin A. One-quarter of the children in both groups were deficient in iron. More than twice as many 77% of the middle-income children were taking vitamin supplements as the low-income children.

A study begun in 1962 examined Japanese living in Japan, California and Hawaii to explain the differences in coronary disease and strokes. 14,400 people returned the questionnaires and thousands were examined. Japanese living in Hawaii and California were on the average 15 pounds heavier than native Japanese. Fat intake was the major factor here. In Japan, only 15% of calories came from fat. In Hawaii and California, the figure is over a third. It seems that the longer the Japanese stayed in the U.S., the greater their chances of assuming the higher coronary patterns of American-Caucasians became.

13. Dental Care

During the State Department of Health Dental Division's Pre-Kindergarten Screening Program of 1971, four and five-year old children of the Roosevelt complex in Honolulu were examined. Dentists examined 383 children in six elementary schools. This study confirmed some of the findings of a 1965 study which showed a high def (decayed missing and filled teeth) count (8.50) among low-income Oahu children in the Head Start Program. The 1971 study was mostly directed at middle-income children, but the class differences predominating at the various schools showed easily enough. Still, the 1971 middle-income children had a rate of 5.41 def compared to the 5.41 rate for low-income children.

At Lincoln School, for example, 68.15 of the children had cavities. In the more affluent Noelani School, the rate was 40. Comparatively, lower income Pauoa had a rate of 63.2% with cavities while Manoa was 48.5%. There is a direct ethnic relationship here. Lincoln is a school almost half-Hawaiian (45.8%), while Noelani is almost half-Japanese (48%) with only 4.3% Hawaiians. Pauoa School is 34.2% Hawaiian, while Manoa is 64.3% Japanese. In terms of yearly visits to dentists, the Japanese rank very high (87.5%) and the Hawaiians (52.7%) and Filipinos (62.7%) rather low. The study concludes: "Hawaiian children had high decay rates and neglect among the racial group means that large numbers of decayed teeth are being left untreated".

CRIME AND DELINQUENCY

The major findings are as follows:

1. Though the number of arrests for Hawaiian and Part-Hawaiians was 12.6% of all arrests in 1972, they represented 49.5% of all adults confined in correctional facilities. The same situation generally exists for Hawaiian and Part-Hawaiian youths who comprised 52.8% of all youths confined. This pattern suggests a high conviction rate and longer retention rates (sentences) for Hawaiians and Part-Hawaiians. The most dramatic contrast to this pattern is the highest, 39.8%, arrest rate for Caucasian adults compared to the relatively low, 10.8%, confinement in correctional facilities.

Other groups experiencing above average arrest/confinement rates are Negroes, Puerto Ricans and "Others". Japanese and Chinese groups are noteworthy for their extremely low arrest/confinement rates.

2. Sentencing patterns taken from a sample in 1972 reflect the pattern of confinement. 29% of the Part-Hawaiians and 25% of Puerto Ricans arrested were imprisoned while 12% of Japanese, no Chinese, and 14.8% of Caucasian arrests resulted in confinement.
3. Parole patterns generally reflect the confinement characteristics with Hawaiians and Part-Hawaiians comprising 42.9% of all parolees with the Chinese, Caucasian, and Japanese far below population representation. Above average parolee representation is, however, notable amongst Filipinos, Portuguese, Koreans, Puerto Ricans, and Negroes indicating lower confinement periods for these groups.
4. A comparison of employee-to-inmate (adult and juvenile) ethnicity indicates an over-representation of Caucasian, Japanese, and Chinese employees (30.2%, 24.5%, and 4.9% respectively) and under-representation for all remaining groups - with the exception of Koreans who are nearly equally represented. Job positions favor Caucasians and Japanese amongst the Executive-Managerial and Professional-Technical categories while Caucasians and Part-Hawaiians dominate the Auxiliary-Aide level.

WELFARE

Ethnicity and welfare statistics are only partially reliable since 1) it is illegal to request racial information from welfare applicants, resulting in worker "best guesses" and 2) a large number of recipients have been placed in the "unknown" ethnic origin category (28% of the total individuals on welfare). Given these limitations, the general findings are as follows:

1. Overall Ethnic Representation on Welfare

The dominant groups (total number) receiving public assistance are Hawaiians/Part-Hawaiians (26%), Caucasians (18%), Filipinos (12%), and Samoans (5%). Compared to their composition within the total state population, Hawaiians/Part-Hawaiians, Filipinos and Samoans are over-represented on welfare, while the Caucasians, Japanese, and Chinese are under-represented. This overall pattern exists throughout the islands in the state.

2. Predominant Welfare Categorical Utilization

Throughout the state, all ethnic groups use three dominant categories of assistance (over 50%). The greatest utilization occurs in the Aid to Families with Dependent Children (AFDC) category, followed by Food Stamps (FSO), and General Assistance (GA). The groups using AFDC the heaviest (versus all other categories) are "mixed" at 60%, Samoans 56%, "unknown" 54%, and Hawaiian/Part-Hawaiians 53%. Heaviest users of FSO are Chinese, 36%, Caucasians 35%, Negroes 33%, Filipinos 25%, and Japanese, 25%. Highest users of GA are Samoans 27%, Hawaiian/Part-Hawaiian 18%, and Filipinos 17%. Generally, Hawaiians, Samoans and Puerto Ricans rely heavily on AFDC, Negroes, Caucasians, Filipinos, Koreans and Japanese rely nearly equally on AFDC and FSO while Chinese rely on FSO only.

3. Predominant Ethnic/Categorical Utilization

The top ethnic (#1) groups utilizing various welfare categories varies within the state and amongst the islands. Statewide, Hawaiians/Part-Hawaiians lead in all categories with the following exceptions: Caucasians in Aid to the Deaf (AD) and FSO, Filipinos in Old Age Assistance (OAA), and "unknown" followed by Caucasians in Aid to the Blind (AB).

On Oahu, the pattern is maintained with the following changes; Japanese lead in the AD category and "unknown" and Filipinos precede Hawaiians in the Medical only category.

Variations are more pronounced on the Neighbor Islands. On the Big Island, the State pattern remains with the exception of Filipinos as the leading group receiving AB assistance. On Maui, Hawaiians assume top positions in the AB and AD categories. On Kauai, Japanese lead in the AB category, Filipinos in Medical only, and Caucasians in the FC (Foster Care) category. On Molokai/Lanai, Hawaiians lead in all categories with the exception of OAA which is dominated by Filipinos.

4. Comparative Welfare Enrollment Amongst the Poor

In the State in 1970, 9.3% of all persons had incomes "less than poverty level". 7.5% of all families had income below poverty and only 17.5% of that group were receiving public assistance. Fully 82.5% of poor families were not receiving help.

This situation can be roughly compared with the following: 45% of all Samoans in the State now receive some form of public assistance. How many more are really eligible? Again, the brown and black people stand out as we consider the figures.

Some rough breakdowns are available for the Japanese, Chinese, and Filipinos in Hawaii. According to the 1970 Census, 10,300 Japanese individuals had incomes below poverty level. 4,563 were on PA in 1973 (44%). 2,029 Japanese families had incomes below poverty level in 1970, and only 965 were on PA at that time (48%).

3,566 Chinese had incomes below poverty level in 1970 and in 1973, 1,069 were on PA (30%). 676 families were below poverty in 1970, and at that time, 330 were on PA (49%).

11,646 Filipinos were below poverty level in 1970, and 10,844 were receiving PA in 1973 (93%). 2,128 Filipino families in 1970 were below poverty and 1,201 were then receiving PA (56%).

HOUSING

1. Filipino Housing

Twelve of 114 census tracts in Honolulu County are predominated by Filipinos; in the Kapalama, Chinatown, King and Middle Street, School Street, Upper Kalihi, and Waipahu areas. In Chinatown, 78% of the dwellings lack plumbing facilities and 68% are one-person households. In Kapalama 54.6% are one-person households while 21% are in need of some or all plumbing facilities. In the King/Middle Street area, the majority of homes were built prior to 1939; 6% lack plumbing and one-person households are at 10%.

In the area with 50% or more Filipinos the median number lacking some or all plumbing facilities in the Honolulu County is four times the total median for all housing units lacking some or all plumbing facilities in Honolulu County. Furthermore, the majority of the Filipino families in these areas live in homes that were built in 1939 or earlier. Home ownership is only 10% as opposed to the median home ownership rate of 39%. These statistics seem to point to a high sub-standard housing occupancy figure in these census tracts with 50% or more Filipinos.

Four of 19 census tracts on Maui are predominated by Filipinos. In all of these tracts, they live in homes built in 1939 or earlier. The same case holds true on Kauai.

2. Chinese Housing

The Chinese surfaced as highest in Census Tract 33, the Makiki Heights area. This was the only tract they predominated. There were 42.3% Chinese in this area as opposed to 28.4% Japanese and 23.1% Caucasians. The greater majority of homes in the area were built in 1950-1959 with a high median value of \$50,000+. There is a high ownership

rate of 86% in this area and not one of these homes were listed as lacking some or all plumbing facilities. The family income is high at \$20,825. The majority of housing units there are single-family dwellings.

3. Hawaiian Housing

The Hawaiians predominate over other races in eight census tracts in the state. These areas are parts of Waianae, Kailua, Waimanalo, the outskirts of East Hilo, Niihau, Hana, East Molokai and Kalawao.

Of these census tracts, the greatest percent of Hawaiians live in Niihau and in Hana. Home ownership rates on Niihau were not located in the census data. In Hana, the ownership rate for Hawaiians is 34% although the majority of these homes were built in 1939 or earlier. Of the two census tracts, Hana has 117 homes lacking in some or all plumbing facilities and Niihau has a total 39.

In the four census tracts where Hawaiians number 40-49%, 50% of the homes were built in 1939. The median number lacking in some or all plumbing facilities in Honolulu County is 117. Both indicators appear to signify probable dilapidation in those areas which have old homes and a high number which lack adequate facilities in plumbing. The ownership rate for Honolulu County is 58% as opposed to 39%. This higher than normal rate is probably due to the large amount of people who own homes through the Hawaiian Homestead Act as these census tracts cover Waianae and Waimanalo.

4. Japanese Housing

In the area with 50% or more Japanese the lack of some or all plumbing rated 38.7% whereas in the area with 30% or more Japanese, the median went up to 64%. Perhaps this could possibly be due to the other races in the area.

Home ownership is higher than the median with figures of 52.4% for areas with 50% or more Japanese. 60.7% in the areas with 40-49% and 44% in the areas with 30-39% Japanese. These homes show a low to higher increase in the number which were built in 1939 or older. In the areas with 50% or more Japanese, 33% of the houses were built in 1939 or earlier whereas a slight jump to 48.2% in the area 40-49% Japanese and still another increase to 52% for those Japanese who make up 30-39% of the census tracts.

5. Caucasian Housing

The home ownership rate is surprisingly less than the norm of 39 in areas with 50% or more Caucasians. In the places where they number 40-49%, their ownership of homes is 46% and 35.5% own their own homes in areas where 30-39% Caucasians reside.

The need for some or all plumbing facilities is not great among these areas with 50% or more Caucasians. However, 35% have inadequate plumbing among areas with 40-49% Caucasians. A drop to 7.6% for lacking some or all plumbing facilities for those living in places with 30-39% Caucasians. This is interesting as one would hypothesize the same result as the increase in plumbing needs as the Japanese population dropped.

A small percentage of 22.7% homes were built in 1939 among the areas with 30-39% whites as opposed to 50% for the 40-49% areas and 7% for those locations with 50% or more whites.

6. Others

Data for other groups is at this point inadequate for conclusive determination. Grass-root research is required.

7. Public Housing

A table on Ethnic Background of Heads of Families by Marital Status for all Public Housing Projects on Oahu, Hawaii, Kauai and Maui reveals that Hawaiians number 2,042 out of the grand total of 7,845 or twenty-six percent of all occupants of public housing projects.

The second highest racial group are the Filipinos who total 1,537 out of the grand sum of 7,845 or 19.5 percent. The Caucasians follow closely with 1,400 occupants out of 7,845 or 17.8 percent. The Japanese are 13 percent, Samoans 8.5 percent, Puerto Ricans 6%, Chinese 3% and Koreans 2.5% of the total number of people in public housing projects. The remaining 3.7 percent consist of Blacks and those labeled "other" race.

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